

## Application for a premises licence to be granted under the Licensing Act 2003

### Premises licence

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Before you complete this form please be aware that you will be unable to submit the application online as legislation states that original signatures are required. Please check you are able to print this form, as some PCs may not have the appropriate software to do this. To test, select the button below.

If you encounter problems, please email [licensing@centralbedfordshire.gov.uk](mailto:licensing@centralbedfordshire.gov.uk) and we will send you the application form.

Once you have tested the print option, before you complete the form, please read the guidance notes at the end of the form.

If you prefer to complete this form by hand please print off, and write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

Name of applicant

Mr. Esa Gokce

Above named applies for a premises licence under section 71 of the Licensing Act 2003 for the premises described in Part 1 (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

#### Part 1 - Premises details

Postal address of premises  
(inc Town and Postcode or,  
if none, ordnance survey  
map reference or description)

Amphill Fish Shop, 89 Dunstable Street, Amphill Bedford MK45 2NG

Telephone number(s) of premises (if any)

Daytime Telephone Number

Evening Telephone Number

Mobile Telephone Number

Non-domestic rateable value  
of premises

£5,400

## Applicant details

### Part 2 - Applicant details

Please state whether you are applying for a premises licence as:

a) an individual or individuals\* ☒

If selected above, please complete section A

b) a person other than an individual\*

i. as a limited company ☐

ii. as a partnership ☐

iii. as an unincorporated association or ☐

iv. other (for example a statutory corporation) ☐

If selected yes to any of the above, please complete section B

c) a recognised club ☐

If selected yes to the above, please complete section B

d) a charity ☐

If selected yes to the above, please complete section B

e) the proprietor of an educational establishment ☐

If selected yes to the above, please complete section B

f) a health service body ☐

If selected yes to the above, please complete section B

g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital ☐

If selected yes to the above, please complete section B

h) the chief officer of police of a police force in England and Wales ☐

If selected yes to the above, please complete section B

If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities

## Applicants

### Section A - Individual Applicants

Title:	Mr
Forename:	Mr Esa
Surname:	Gokce
Date of birth	
Nationality	
I am 18 years old or over	yes
Address:	
Post code:	
Daytime Telephone Number:	
Evening Telephone Number:	
Mobile Telephone Number:	
Email Address:	licensing@narts.org.uk

### Second Individual Applicant

Title:	
Forename:	
Surname:	
Date of birth	
Nationality	
I am 18 years old or over	

Address:

Post code:

Daytime Telephone Number:

Evening Telephone Number:

Mobile Telephone Number:

Email Address:

## Operating schedule

### Part 3 - Operating Schedule

When do you want the  
premises licence to start?

If you wish the licence to be  
valid only for a limited period  
when do you want it to end

General description of premises

Traditional fish and chips restaurant, please see enclosed plans

If 5,000 or more people are  
expected to attend the  
premises at any one time,  
please state the number  
expected to attend

What licensing activities do you intend to carry on from the premises? (Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 of the Licensing Act 2003)

**Provision of regulated entertainment:**

a) plays (if selected fill in box A) ☐

b) films (if selected fill in box B) ☐

c) indoor sporting events (if selected, fill in box C) ☐

d) boxing or wrestling entertainments (if selected, fill in box D) ☐

e) live music (if selected, fill in box E) ☐

f) recorded music (if selected, fill in box F) ☐

g) performances of dance (if selected, fill in box G) ☐

h) anything of a similar description to that falling within (e), (f) or (g) (if selected, fill in box H) ☐

**Provision of late night refreshment** (if selected, fill in box I) ☒

**The supply of alcohol** (if selected, fill in box J) ☐

In all cases complete boxes K, L, and M

**I - Late night**

**Late night refreshment**

Standard days and timings

Please give timings in 24 hour clock (e.g. 16.00) and only give details for the days of the week when you intend the premises to be used for the activity.

Monday Start

Monday Finish

Tuesday Start

Tuesday Finish

Wednesday Start

Wednesday Finish

Thursday Start

Thursday Finish

Friday Start

Friday Finish

Saturday Start

Saturday Finish

Sunday Start

Sunday Finish

Will the provision of late night refreshment take place indoors or outdoors or both

Please give further details here

State any seasonal variations for the provision of late night refreshment

Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times from those listed, please list

## K - Adult

### Adult entertainment

Please highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the club premises that may give rise to concern in respect of children

Any entertainment, services:

N/A

## L - Premises hours

### Hours premises are open to the public

Standard days and timings

Please give timings in 24 hour clock (e.g. 16.00) and only give details for the days of the week when you intend the premises to be used for the activity.

Monday Start 11:00

Monday Finish 23:00

Tuesday Start 11:00

Tuesday Finish 23:00

Wednesday Start 11:00

Wednesday Finish 23:00

Thursday Start 11:00

Thursday Finish 23:00

Friday Start 11:00

Friday Finish 01:30

Saturday Start 11:00

Saturday Finish 01:30

Sunday Start 11:00

Sunday Finish 23:00

State any seasonal variations

N/A

Non-standard timings. Where you intend to use the premises to be open to the public at different times from those listed, please list

N/A

## M - Objectives

### Four licensing objectives

Describe the steps you intend to take to promote the four licensing objectives

a) General. All four licensing objectives (b,c,d,e)

Please see below

b) The prevention of crime and disorder

A CCTV SYSTEM COVERING THE INTERIOR & EXTERIOR OF THE PREMISES WILL BE INSTALLED TO CURRENT METROPOLITAN POLICE / HOME OFFICE STANDARDS AND SHALL BE KEPT OPERATIONAL AT ALL TIMES THE PREMISES ARE OPEN TO THE PUBLIC.

a) IT SHALL BE CAPABLE OF TAKING A HEAD & SHOULDERS SHOT OF PERSONS ENTERING THE PREMISES, OF RECORDING IMAGES TO AN EVIDENTIAL STANDARD IN ANY LIGHT AND BE CAPABLE OF STORING IMAGES FOR A MINIMUM OF 31 DAYS.

b) ALL STAFF WHO MAY WORK FRONT OF HOUSE SHALL BE TRAINED TO OPERATE THE CCTV SYSTEM AND DOWNLOAD IMAGES.

c) AT LEAST ONE MEMBER OF STAFF TRAINED TO OPERATE THE CCTV SYSTEM & DOWNLOAD IMAGES SHALL BE ON DUTY

AT ALL TIMES THE PREMISES ARE OPEN TO THE PUBLIC. FOOTAGE SHALL BE SHOWN TO THE POLICE AND SCREENSHOTS PROVIDED TO THEM ON REQUEST.

d) COPIES OF DOWNLOADED IMAGES SHALL BE PROVIDED TO THE POLICE ON A USB STICK, CD OR OTHER ACCEPTABLE MEANS AS SOON AS POSSIBLE AND IN ANY CASE WITHIN 24 HOURS OF THE REQUEST

AN INCIDENT BOOK SHALL BE KEPT AT THE PREMISES, AND MADE AVAILABLE TO THE POLICE OR AUTHORISED COUNCIL OFFICERS, WHICH WILL RECORD THE FOLLOWING:

- a) ALL CRIMES REPORTED,
- b) LOST PROPERTY,
- c) ALL EJECTIONS OF CUSTOMERS,
- d) ANY COMPLAINTS RECEIVED,
- e) ANY INCIDENTS OF DISORDER,
- f) ANY SEIZURE OF DRUGS OR OFFENSIVE WEAPONS,
- g) ANY FAULTS IN THE CCTV,
- h) ANY VISIT BY A RELEVANT AUTHORITY OR EMERGENCY SERVICE

A PHONE NUMBER FOR THE PREMISES SHALL BE MADE AVAILABLE IF REQUIRED UPON REQUEST TO THE POLICE, ANY OTHER RESPONSIBLE AUTHORITY OR ANY LOCAL RESIDENT TO EXPRESS ANY CONCERNS CAUSED BY THE OPERATION OF THE PREMISES. ANY COMPLAINTS AND THE OUTCOME WILL BE RECORDED IN THE INCIDENT BOOK.

c) Public safety

A FIRE RISK ASSESSMENT AND EMERGENCY PLAN WILL BE PREPARED AND REGULARLY REVIEWED. ALL STAFF WILL RECEIVE APPROPRIATE FIRE SAFETY TRAINING AND REFRESHER TRAINING.

d) The prevention of public nuisance

NOTICES WILL BE PROMINENTLY DISPLAYED BY THE ENTRY/ EXIT DOOR AND POINT OF SALE (AS APPROPRIATE) ADVISING CUSTOMERS THAT CCTV ARE IN OPERATION, OF THE PERMITTED HOURS FOR LICENSABLE ACTIVITIES, THE OPENING TIMES OF THE PREMISES AND NOT TO LITTER

NO DELIVERIES WILL BE RECEIVED OR RUBBISH REMOVED FROM THE PREMISES BETWEEN 21:00 & 07:00.

ANY MUSIC PLAYED WILL ONLY BE PLAYED AT BACKGROUND LEVEL

e) The protection of children from harm

N/A No alcohol sales.

## Signatures

To be completed by hand once the application has been printed

### Declaration

- [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK
- The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate

### Signature of applicant or applicant's solicitor or other authorised agent

If signing on behalf of the applicant please state in what capacity (see guidance note 3)

Signature

Ms Aysen Ipek Kilic

Date

04/07/2017

Capacity

Licensing Consultant

## Joint Applicants - Signature of 2nd applicant or applicant solicitor or other authorised agent

If signing on behalf of the applicant please state in what capacity (see guidance note 4)

Signature

Date

Capacity

Please provide details for correspondence associated with this application

## Checklist

### Checklist

Please tick yes:

I have made or enclosed  
payment of the fee [View  
payment options](#)

☒

I have enclosed the plan of  
the premises

☒

I have sent copies of this  
application and plan to the  
responsible authorities and  
others where applicable [List  
of responsible authorities](#)

☒

I have enclosed the consent  
form completed by the  
individual I wish to be  
premises supervisor (if  
alcohol is being supplied)  
[Open the consent form](#)

☐

I understand that I must now  
advertise my application  
[Open the Notice of  
Application Form](#)

☒

I understand that if I do not  
comply with the above  
requirements my application  
will be rejected

☒

[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom



**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT. IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

Address for correspondence associated with this application

NARTS  
53 Stoke Newington High Street  
London  
N16 8EL

Daytime Telephone Number

2072413636

Evening Telephone Number

Mobile Telephone Number

If you would prefer us to correspond with you by email your email address (optional)

licensing@narts.org.uk

Please print, sign and return the form, along with any supporting evidence

Please send completed form to Licensing Team, Central Bedfordshire Council, Watling House, High Street North, Dunstable, LU6 1LF

#### Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.

2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.

3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.

4. For example (but not exclusively), where the activity will occur on additional days during the summer months.

5. For example (but not exclusively), where you wish the activity to go on longer on a particular day ie Christmas Eve.

6. Please give timings in 24 hour clock (eg 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.

8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.

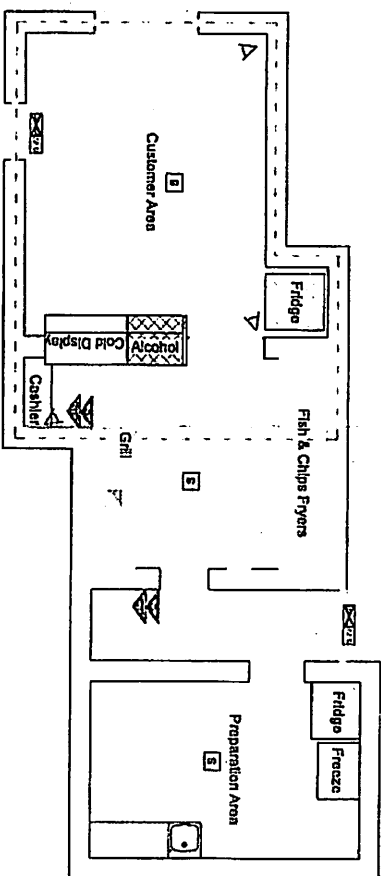
9. Please list here steps you will take to promote all four licensing objectives together.

10. The application form must be signed.

11. A applicants agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.

12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.

13. This is the address which we shall use to correspond with you about this application.



- LEGEND**
- ALCOHOL FRIDGES
  - LICENSABLE AREA
  - SAFETY LIGHTS
  - SMOKE DETECTOR
  - CCTV
  - FIRE ESCAPE KEEP CLEAR
  - S 20 INTERNALLY ILLUMINATED FIRE ESCAPE SIGN (BS 5266)
  - CARBON DIOXIDE FIRE EXTINGUISHER
  - 9 LT. WATER FIRE EXTINGUISHER
  - FAN

**NARTS**

89 Dunstable Street, Bedford

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**GENERAL NOTES:**

89 Dunstable Street, Bedford

Proposed Ground Floor

Date: 04/02/2017

Scale: 1:100 BM

Sheet: 1

Checked: NART

Designed by: EDE